

Claim Transmittal Form

Submission Date: 12-6-04

TO: **Balboa Insurance Group**
Attn: Imaging
PO Box 19702
Irvine, California 92623

704

CW5184693

From: **Eagle Adjusting**
Ken Cole

Phone: **877-839-5152**

Fax: **877-839-8151**

Claim:

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Lender: **Countrywide Home Loans**

Insured/Borrower:

Prop. Address: **120 Hubbard Street**

City: **Troy** St/Zip: **AL** / **36081**

Date of Loss: **9-15-04**

Peril/Loss Type: **Hurricane Frances**

Balboa Adjuster: **Kirby McCartney**

**THIS FORM MUST BE USED ON ALL
CORRESPONDENCE TO
BALBOA INSURANCE GROUP**

Rev. 041904



P.O. Box 40878
Indianapolis, IN 46240
Office: 877-839-8152
FAX: 877-839-8151

To: Balboa Insurance Co.
ATTN Kirby McCartney
P.O. Box 19702
Irvine, CA 92623

RE: Insured: Countrywide Home Loans.
Loss Address: 120 Hubbard street
troy, AL 36322

Claim Report

REPORT DATE: 12/12/2004	STATUS: Final	NEXT REPORT:
CLAIM NO: TBA41813044-06 CW5184693		
POLICY # TBA41813044		
POLICY ISSUED: 8/4/2004	POLICY EXPIRES: 8/4/2005	DATE OF LOSS: 9/15/2004
FILE NO: 04-21413		
ADJUSTER: Ken Cole		
ADJUSTER PHONE: 866-894-9344		ADJUSTER FAX: 812-478-3913
ASSIGNED: 11/24/2004	CONTACTED: 12/6/2004	INSPECTED: 12/6/2004

Coverage	Limit	Deductible	Reserve
Building	9,287.00	1,000.00	\$0.00
Forms: DP1			

Risk Structure Type: Dwelling Occupancy: Residence (Primary)

Origin Hurricane Damage

Exclusions/Limitations No exclusions or limitations noted

Subrogation/Salvage None available

Loss Summary	RC	Recov. Dep	Nonrecov. Dep	ACV
Building	3,459.85	1,522.60	0.00	1,937.25
Totals	3,459.85	1,522.60	0.00	1,937.25
	Maximum Recoverable Depreciation			1,522.60
	Total Loss			3,459.85
	Less Deductible Applied			1,000.00
	Total Claim			2,459.85

Recommended Payment	937.25
Additional Payment After Completion of Repairs	1,522.60

Enclosures ☒ Estimates ☐ Proof of Loss ☒ Photos ☒ Invoice
☐ Contents Worksheet ☐ Statement of Loss ☐ Diagrams Other:

Remarks

J. Victor Velasco, We did not know where to start and stop on this loss. We felt the roof was torn back from the winds of the hurricane. So we figured repair of the roof and the repair of several windows that could have been damaged by the storm. We then figured the repair of the interior that could have been damaged by the removal of the portion of the roof that we felt was damaged.

We made no commitments to the insured since he was with us. We explained to him that you would be in contact as soon as possible.

We suggest settlement based on our attached estimate. Underwriting should be involved in this file after reviewing of the photographs.



P.O. Box 40878
Indianapolis, IN 46240
Office: 877-839-8152
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Estimate**Claim No. TBA41813044-06**

File No. 04-21413	Policy No. TBA41813044	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
Insured Countrywide Home Loans	Address 120 Hubbard street troy, AL 36322	Office	Home	FAX	
Loss Address	120 Hubbard street troy, AL 36322				
Contact	Address	Office	Home	FAX	
Claimant	Address			FAX	

Building

Limit: \$9,287.00 Deductible: \$1,000.00

Roof		Roof Area 4.2 SQ 420 SF Perimeter 0 FT						
Rectangular slope	Length	24 FT	Width	17.5 FT	Slopes	1		
Operation	Qty Unit	Description			Cost	RC	DEP	ACV
Replace	840 SF	Corrugated roofing, Galvanized steel, 24 gauge			1.92	1,612.80	645.12	967.68
Roof Totals:						1,612.80	645.12	967.68

Kitchen		Floor 12.89 SY Wall 345.6 SF Ceiling 116 SF Floor Perim. 43.2 FT Ceiling Perim. 43.2 FT							
Room-standard	Length	10 FT	Width	11.6 FT	Height	8 FT			
Operation	Qty Unit	Description			Cost	RC	DEP	ACV	
Replace	116 SF	5/8" Drywall, with smooth-wall finish			1.68	194.88	77.95	116.93	
Paint	116 SF	Drywall or Plaster, 2 coats			0.49	56.84	22.74	34.10	
Replace	131.08 SF	Wallpaper, Vinyl, seams overlapped, then cut, standard grade			1.68	220.21	132.13	88.08	
Kitchen Totals:							471.93	232.82	239.11

Bedroom 1		Floor 18.78 SY Wall 416 SF Ceiling 169 SF Floor Perim. 52 FT Ceiling Perim. 52 FT						
Room-standard	Length	13 FT	Width	13 FT	Height	8 FT		
Operation	Qty Unit	Description			Cost	RC	DEP	ACV
Replace	169 SF	5/8" Drywall, with smooth-wall finish			1.68	283.92	113.57	170.35
Paint	169 SF	Drywall or Plaster, 2 coats			0.49	82.81	33.12	49.69
Replace	190.97 SF	Wallpaper, Vinyl, seams overlapped, then cut, standard grade			1.68	320.83	192.50	128.33
Bedroom 1 Totals:						687.56	339.19	348.37

Hall		Floor 1.33 SY Wall 112 SF Ceiling 12 SF Floor Perim. 14 FT Ceiling Perim. 14 FT						
Room-standard	Length	4 FT	Width	3 FT	Height	8 FT		
Operation	Qty Unit	Description			Cost	RC	DEP	ACV
Replace	12 SF	5/8" Drywall, with smooth-wall finish			1.68	20.16	8.06	12.10
Paint	12 SF	Drywall or Plaster, 2 coats			0.49	5.88	2.35	3.53
Replace	13.56 SF	Wallpaper, Vinyl, seams overlapped, then cut, standard grade			1.68	22.78	13.67	9.11
Hall Totals:						48.82	24.08	24.74

Estimate**Claim No. TBA41813044-06**

File No. 04-21413	Policy No. TBA41813044	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
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General						
Operation	Qty Unit	Description	Cost	RC	DEP	ACV
		tax 5%			*	
		Hurricane Ivan			*	
		inspection date 12-08-04			*	
General Totals:				0.00	0.00	0.00
			RC	R DEP	NR DEP	ACV
		Subtotal	2,821.11	1,241.21	0.00	1,579.90
		Overhead	282.11	124.13	0.00	157.98
		Profit	282.11	124.13	0.00	157.98
		Tax	74.52	33.13	0.00	41.39
Building Loss:			3,459.85	1,522.60	0.00	1,937.25
Totals:			3,459.85	1,522.60	0.00	1,937.25
Maximum Recoverable Depreciation						1,522.60
Total Loss						3,459.85
Less Deductible Applied						1,000.00
Total Claim						2,459.85
Less Recoverable Depreciation						1,522.60
ACV Claim						937.25

Notice: All estimates are subject to review and final approval by your Insurance Company

If Replacement Cost Coverage Applies

If you wish to make a claim for the amounts deferred, you must do THREE things:

1. You must tell us within 180 days from the date of your loss you intend to repair/replace the item(s)/part.
2. You must have the item(s)/part replaced or repaired within one year from your date of loss.
3. You must submit a final repair bill or purchase receipt showing the item(s)/part has been repaired/replaced.

If you wish, you may repair/replace with higher quality items, but we will only pay the amount deferred to you. If the repair/replacement to you is less than the estimated REPLACEMENT COST VALUE in the estimate, we will only pay the difference between your cost, less the ACTUAL CASH VALUE previously paid you.

**Service Invoice**

Date: 12/9/2004

Bill To

Balboa Insurance Co.
P.O. Box 19702
Irvine, CA 92623
Office: 800-323-7466
FAX: 626-927-4629

Billed From

Eagle Adjusting Services, Inc.
P.O. Box 40878
Indianapolis, IN 46240
Office: 877-839-8152
FAX: 877-839-8151

Claim Information

File No.: 04-21413	Insured: Countrywide Home Loans	Loss Date: 9/15/2004
Claim No.: TBA41813044-06	Agency:	Loss Cause: Hurricane/Mon
Policy No.: TBA41813044	Adjuster Ken Cole	RC: \$3,459.85
	SSN:	Deductions: \$1,522.60
	Emp. ID No.: 35-2072320	ACV: \$1,937.25

Description	Quantity	Unit	Rate	Ext. Cost
ADjuster fee	1.00		\$400.00	\$400.00
Photographs after 6	11.00		\$0.50	\$5.50
Total				\$405.50

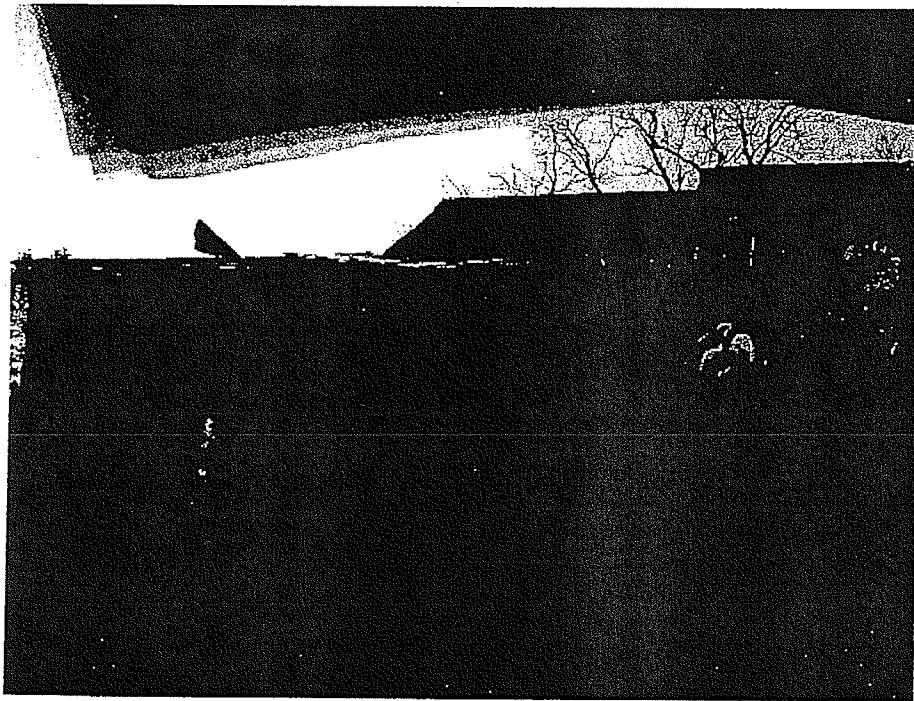


P.O. Box 40878
 Indianapolis, IN 46240
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Photo Sheet

Claim No. TBA41813044-06

File No. 04-21413	Policy No. TBA41813044	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
Insured Countrywide Home Loans		Contact		Claimant	



Picture
01

Date
12/9/2004

Description
backed up view of front
of home.



Picture
02

Date
12/9/2004

Description
inside of living room and
back bedroom

Photo Sheet

Claim No. TBA41813044-06

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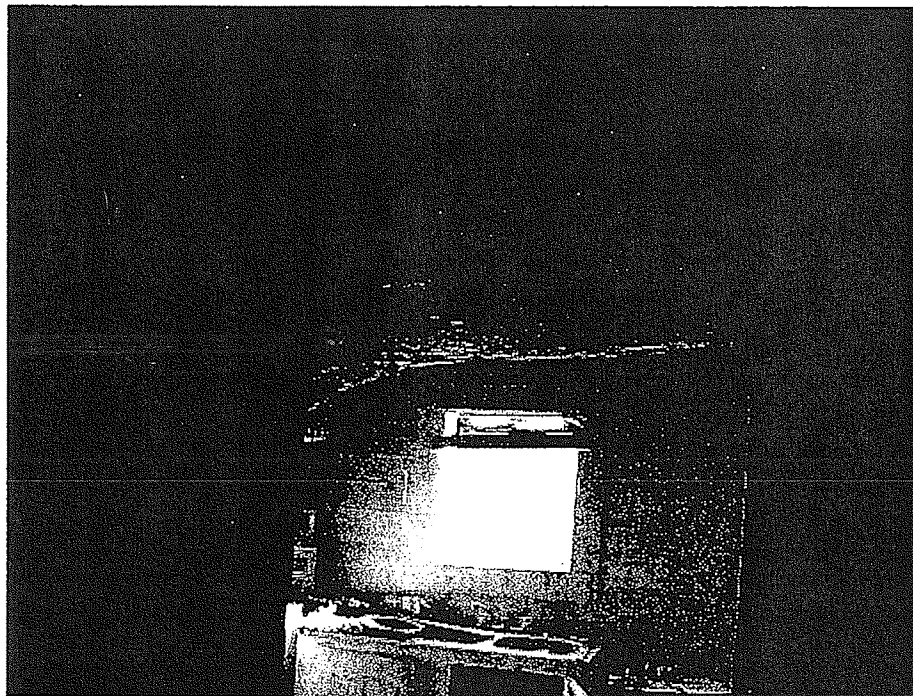
Picture

03

Date

12/9/2004

Description

inside of home. looking
at kitchen

Picture

04

Date

12/9/2004

Description

kitchen floor

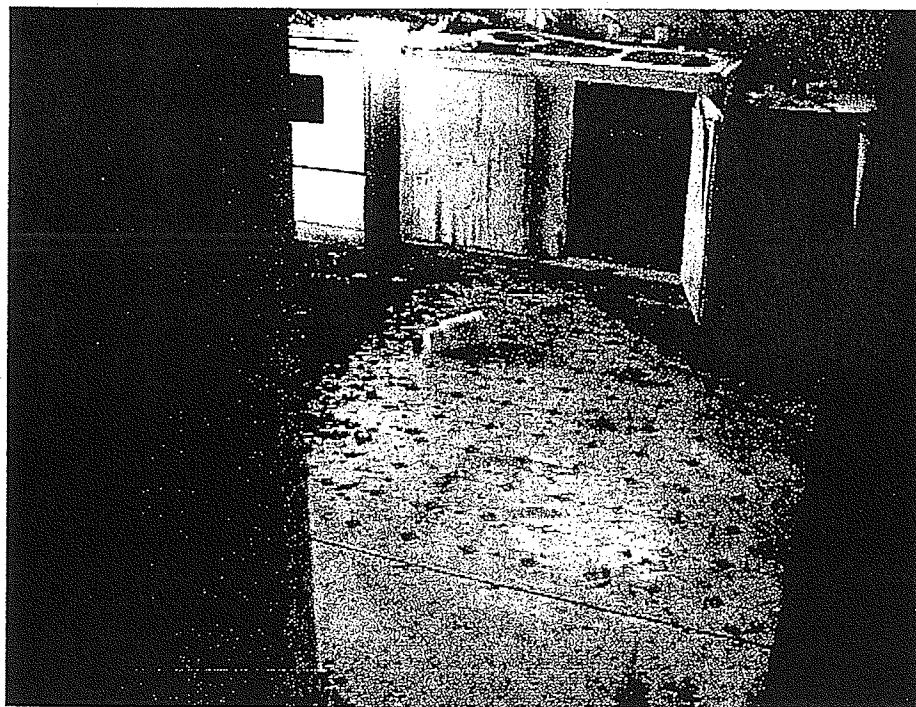


Photo Sheet**Claim No. TBA41813044-06**

File No. 04-21413	Policy No. TBA41813044	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
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Picture

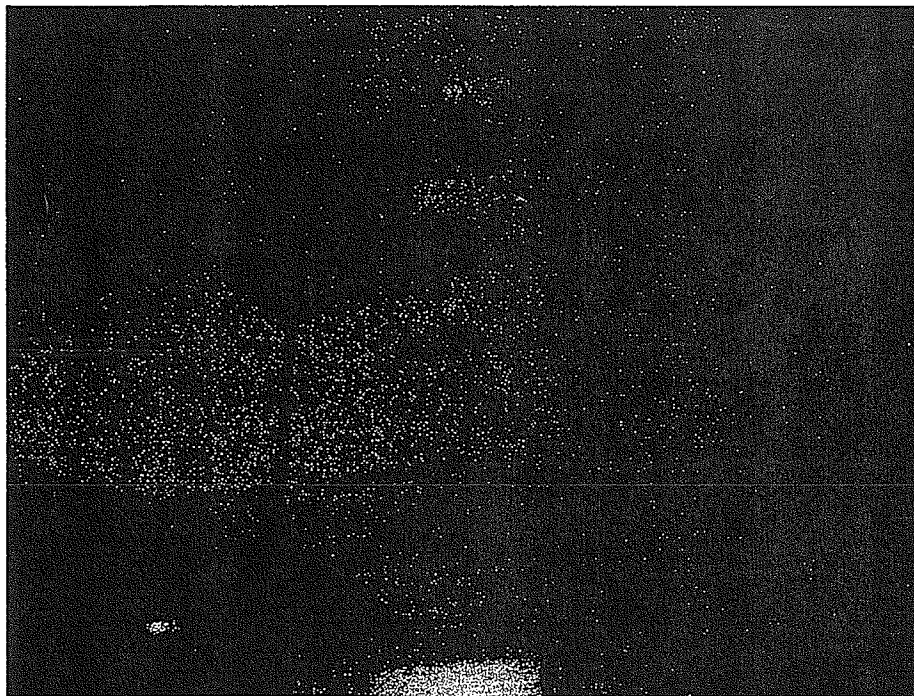
05

Date

12/9/2004

Description

kitchen ceiling



Picture

06

Date

12/9/2004

Description

bathroom, ?

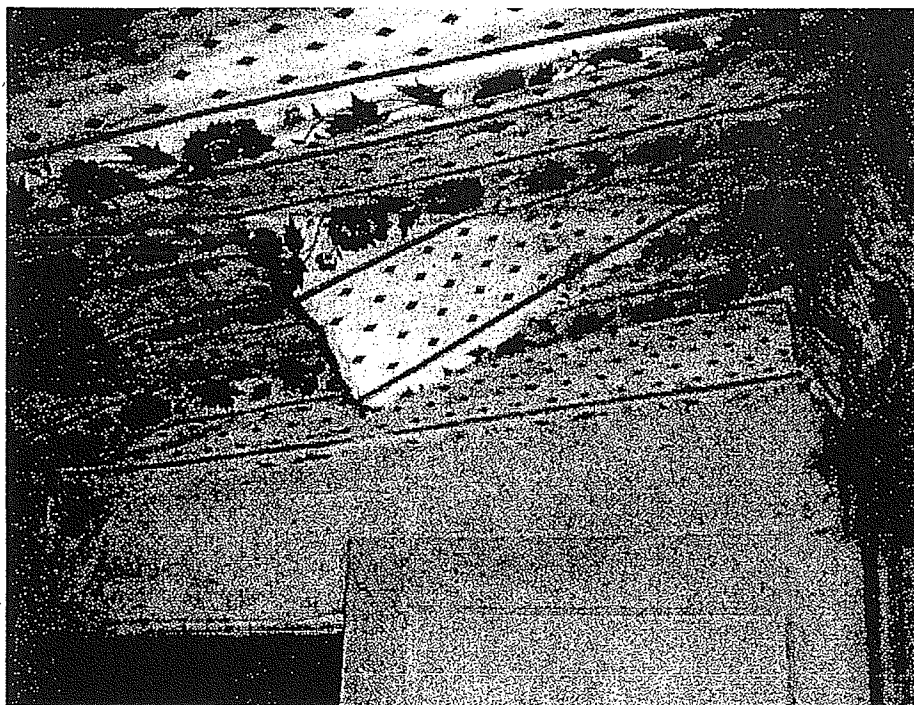


Photo Sheet

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Picture

07

Date

12/9/2004

Description

kitchen



Picture

08

Date

12/9/2004

Description

kitchen ceiling west side

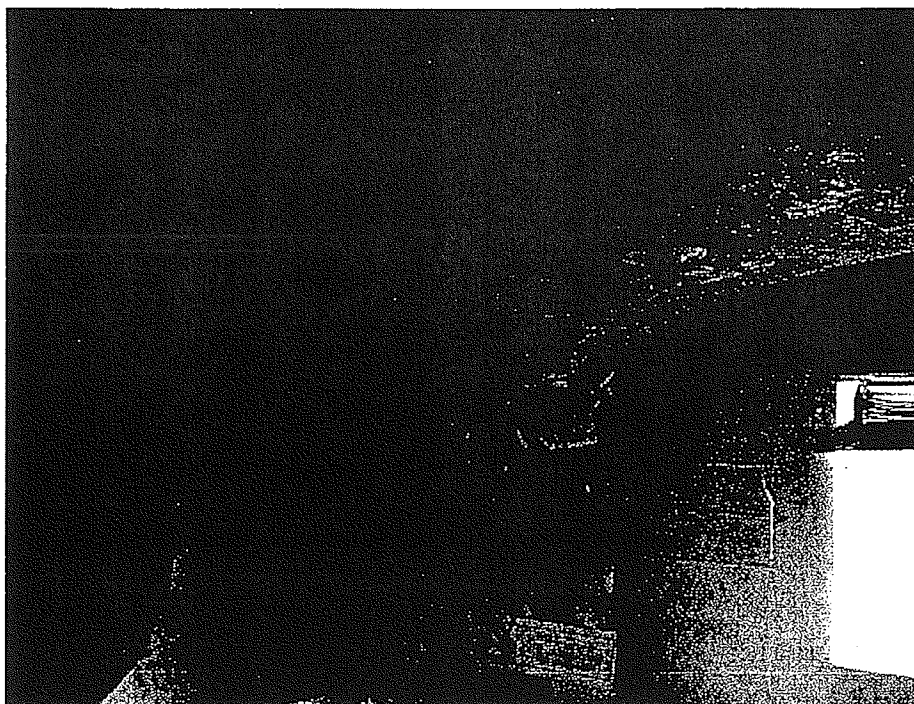
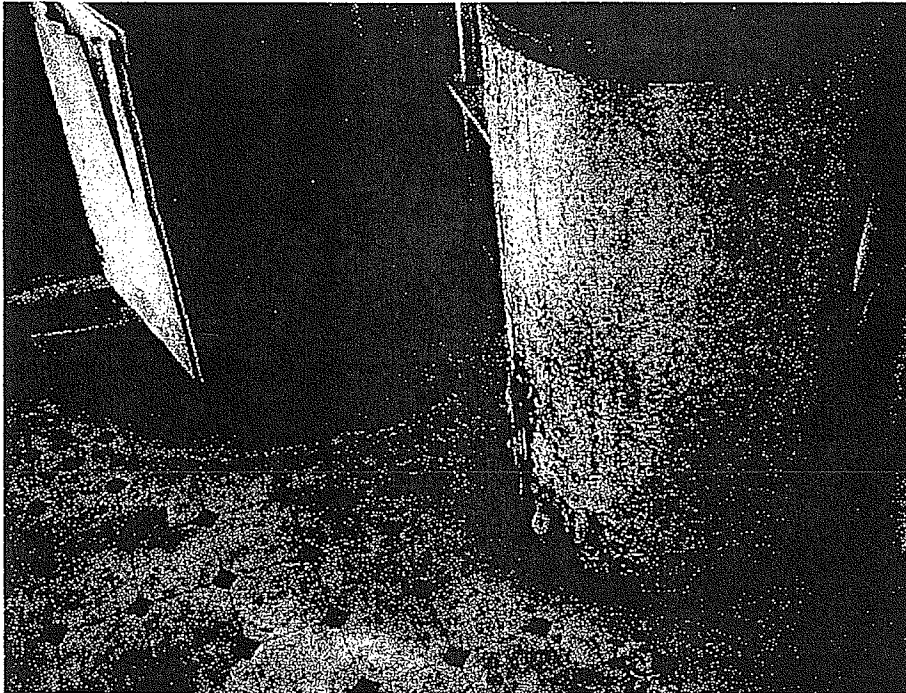


Photo Sheet

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Picture

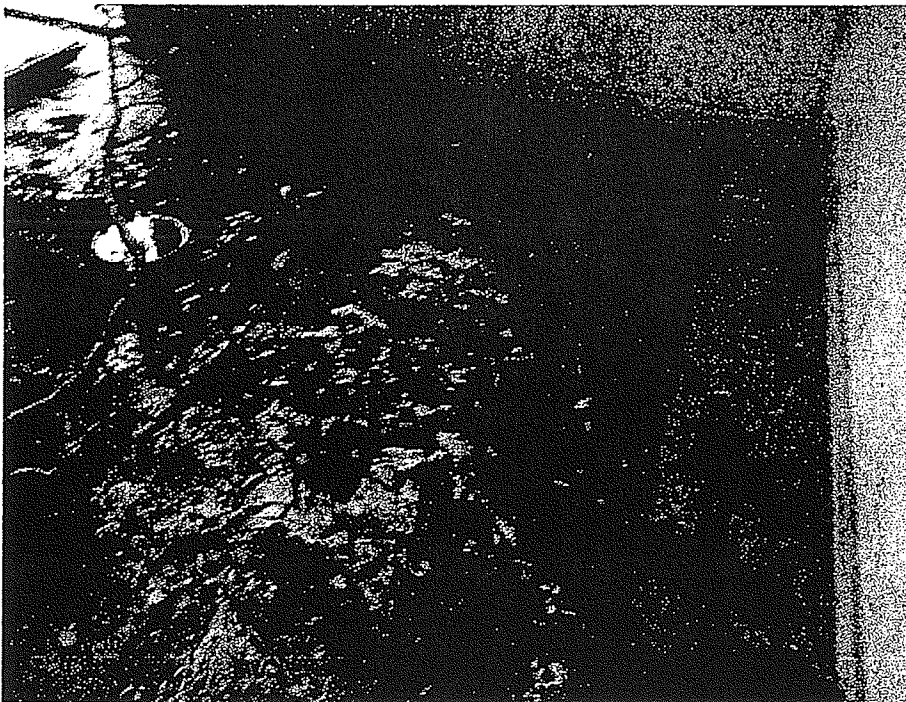
09

Date

12/9/2004

Description

kitchen floor west side.



Picture

10

Date

12/9/2004

Description

back bedroom floor

Photo Sheet

Claim No. TBA41813044-06

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Picture

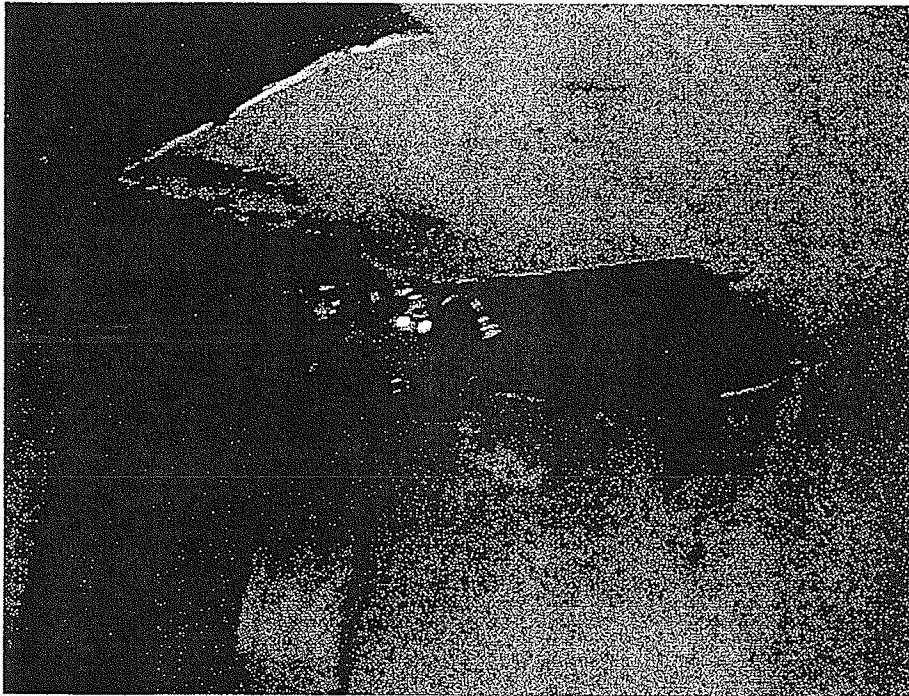
11

Date

12/9/2004

Description

ceiling in front bedroom



Picture

12

Date

12/9/2004

Description

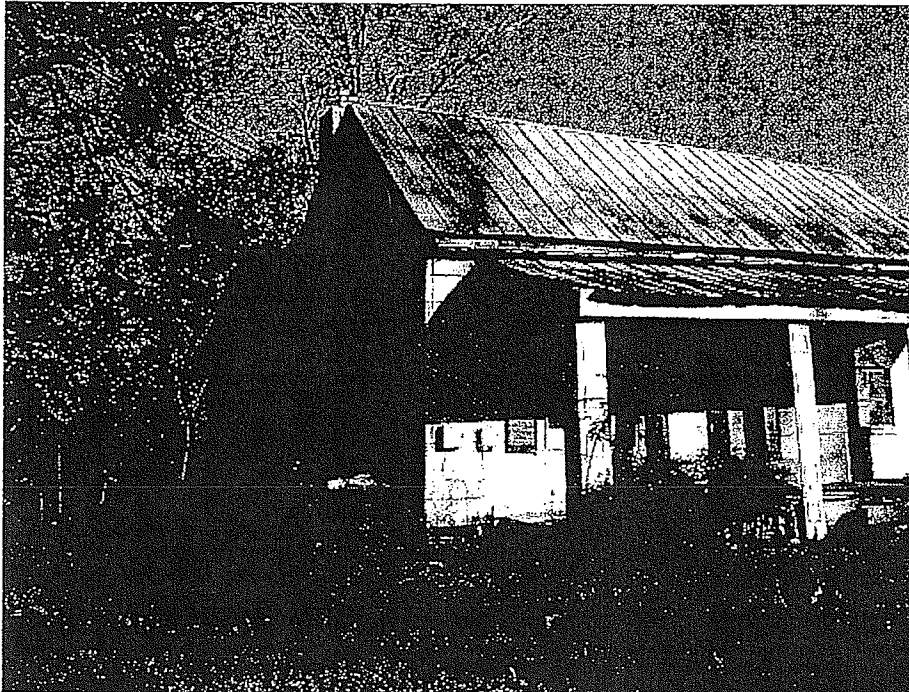
outside front of Home



Photo Sheet

Claim No. TBA41813044-06

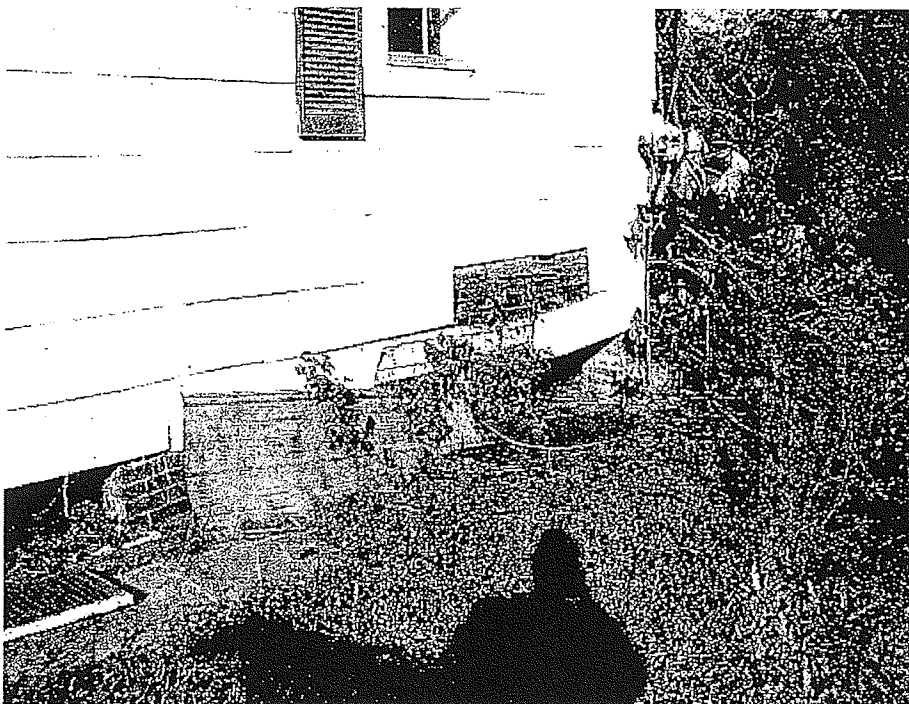
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Picture
13

Date
12/9/2004

Description
front porch and front of
home



Picture
14

Date
12/9/2004

Description
south side of home

Photo Sheet

File No.
04-21413

Policy No.
TBA41813044

Date of Loss
09/15/2004

Report
Final

Claim No. TBA41813044-06

Report Date
12/12/2004

Adjuster
Ken Cole

Picture
15

Date
12/9/2004

Description
roof



Picture
16

Date
12/9/2004

Description
roof from eave. Could
not walk on roof, rotted



Photo Sheet

Claim No. TBA41813044-06

File No. 04-21413	Policy No. TBA41813044	Date of Loss 09/15/2004	Report Final	Report Date 12/12/2004	Adjuster Ken Cole
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Picture

17

Date

12/9/2004

Description

top of roof, Could not
walk on it. rotted

